

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-041798**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

**FILED DEC 11 1962**

1. PLACE OF DEATH

a. COUNTY

**Butler**

b. CITY (If outside corporate limits, give TOWNSHIP only)

**Poplar Bluff**

Length of stay in 1b

**2 Weeks**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

**Assembly Of God Rest Home**

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri**

b. COUNTY

**Dunklin**

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

**Malden**

d. STREET

(If outside, give location)

**714 N. Decatur**

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**JOHN**

**FRANKLIN**

**MALIN**

4. DATE  
OF  
DEATH

Month

Day

Year

**November 25**

**1962**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**Aug. 9, 1974**

9. AGE (last birthday)

**88**

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**retired farmer**

10b. KIND OF BUSINESS OR INDUSTRY

**farming**

11. BIRTHPLACE (City and state or country)

**Dresden, Tennessee**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**John Andrew Malin**

13b. MOTHER'S MAIDEN NAME

**Mary Drew**

14. NAME OF HUSBAND OR WIFE

**Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**402 N. Kimball**

**Mrs. Naomi Deen-Malden, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Asphyxia**

DUE TO (b)

**Cardiac Failure**

DUE TO (c)

**Cerebral Hemorrhage**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **11-15-62** to **11-25-62** and last saw him alive on **11-25-62**

Death occurred at **4440 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**J. F. Priest D.D.**

22b. ADDRESS

**Poplar Bluff, MO.**

22c. DATE SIGNED

**12-1-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**Nov. 28, 1962**

23c. NAME OF CEMETERY OR CREMATORY

**Memorial Park Cemetery**

23d. LOCATION (City, town, or county)

**Malden**

**Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**Landess Funeral Home, Inc.-Malden, Mo.**

25. DATE RECD. BY LOCAL REG.

**12-5-1962**

26. REGISTRAR'S SIGNATURE

**Thelma Graham**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Donald Sloan*

Licensed Embalmer No.

*5127*

P. O. Address

*Doniphan, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.